Fairfax County Community and Recreation Services

THERAPEUTIC RECREATION SERVICES

Application for TRS Programs

Office Use Date received: _____

Directions for Completing the Intake Application: Please type or print using an ink pen. Individuals enrolled in TRS programs must **attach a recent photo** (for on-site identification purposes only). **All the information must be fully answered before TRS can confirmed placement in any TRS sponsored program.** If you have any questions concerning the application or require accommodations or assistance for completion, please call 324-5532 or TTY 222-9693

Applicant's Social Security Number: _____ Program Applying For: _____

Previously Enrolled in TRS programs : ☐ yes ☐ no Last Service Date: _____

_____

Name of Applicant: Last First (nick name) M.I.

_____

Home Address: Street City Zip Home Phone Work Phone

Date of birth _____ Sex: M___ F ____ Age: _____

Name of parent/guardian who has custody _____

Home phone_____Beeper # if available _____

Parent/Guardian Employment (if applicable) _____Office phone _____

Name of parent/guardian who has custody_____

Home phone _____Beeper # if available _____

Parent/Guardian Employment (if applicable) _____Office phone _____

Two Emergency Contact Names (other than your home) with authorization to care for and pick-up the applicant in an emergency.

Name_____Home phone _____Work phone_____

Address _____

Name_____Home phone _____Work phone_____

Address_____

Name and Office Number of Applicant's Physician is required for day care standards.

Physician's name_____Office number_____

This information is required to verify "eligibility" for the program in which you are applying. *Place the number 1 for the primary disability. If more then one disability, number 2, 3, 4, etc…*

☐ mild MR	☐ pervasive developmental disorder	☐ specific learning disability	☐ spina bifida
☐ moderate MR	☐ profound MR	☐ attention deficit/hyperactive disorder	☐ spinal cord injury
☐ severe MR	☐ autism	☐ emotional disturbance	☐ cerebral palsy
		☐ brain injury	☐ other orthopedic impairment

Other_____

With the exception of the Social Club Programs;

Medication, Special Needs, and Medical Release: I understand that members of the Therapeutic Recreation staff will be instructed in the prescribed procedure (s) by a public health nurse, medication administration trainer, or a qualified designee. I understand that I may be asked to demonstrate the procedure on the first day the applicant attends the recreation program. **I also understand persons who administer this medication or special procedure may be inexperienced and are medically untrained.** Should the administration of medication or a specific medical procedure be required of staff during program hours, a **Physician Order For the Administration of Medication and Specific Medical Procedures** must be completed by the applicant's physician and signed. No medication or procedure will be administered without authorization from the physician or if the medication is not packaged according to procedures outlined in the **Parent handbook** .

I _____ ☐ parent, ☐ guardian of _____

hereby request that trained members of the Therapeutic Recreation Staff be caretakers of the applicant's medication and administer any medication or procedures as prescribed by my physician.

Applicant will ☐, will not ☐ be taking medication during program hours.

Applicant will ☐, will not ☐ be receiving a medical procedure during program hours (diastat application, G-tube, catherization).

Applicant's Name:_____

Health & Immunization Record: *If the applicant is age 12 or under, you must submit the applicant's immunization and health record (a physical) with this application.* A copy of the applicant's school health (physical) & immunization record can be used. Children ages 3 through 7 years must submit an updated immunization record yearly.

Emergency Services: Agency employees in an emergency, have permission at my expense, in the event I cannot readily be reached to utilize the most convenient County rescue vehicle to transport the applicant to the nearest hospital.

Photographic Release: I hereby do____ do not____ grant permission to use individual and/or group activity photographs in connection with Agency publicity. If permission is granted, the Agency is released from any liability that might be incurred.

Phone Number Release: TRS publishes a list of applicants and phone numbers for those individuals who need to coordinate car pooling.
I hereby do____ , do not____ grant permission for TRS to publish my name and phone number.

Name of Teacher/Social Worker/Case Manager_____

School/Agency _____ Phone _____

Currently has an Individual Education Plan ☐ yes ☐ no Last Date of IEP Review _____

General Rules of Conduct
Individuals enrolled in the program are expected to follow the general rules of conduct which include:

*stay with assigned group/no wandering or leaving group	*keeps hands to self (no hitting, fighting)	*follow directions
*care for personal belongings or request assistance as needed	*participate as fully as possible	*no biting self or others
*use equipment and supplies appropriately without destruction	*use friendly language (no abusive language)	

Termination of Service/Ineligible for Services: CRS reserves the right to deny registration or terminate participation if:
1) the applicant's actions cause injury to self, peers, or staff;
2) if the applicant exhibits inappropriate behaviors which may prevent participation in community activities;
3) if the applicant engages in repetitive, aggressive, harmful, or distributive behavior;
4) if the applicant fails to follow the general rules of conduct; or
5) the applicant does not meet the eligibility criteria for the program (disability and prerequisite skills).

Parents and Care providers Are Responsible For:
- Following guidelines & procedures for medication packaging, transportation, and other procedures outlined in the handbook.
- Delivering the individual directly to the program staff and sign-in/sign-out if they do not use scheduled transportation services.
- Placing a name tag on the applicant's clothing ***for the first three days of attendance***.
- Making arrangement for the applicant to be picked up in the event of sickness, uncontrolled behaviors, or other emergency needs.

The confidentiality form must be completed if you wish information to be shared concerning the applicant's needs and interests with the Teacher, Social Worker, or other Human Service Provider. Discussions with teachers provide information that may allow staff to better meet the needs of the applicant.

Insurance - CRS does not offer medical/emergency/or accident insurance. Individuals/Parents are advised to carry their own insurance covering self/child while participating in the CRS programs. Insurance is available to school-aged children through the Fairfax County Public Schools.

Verification of Eligibility - I hereby grant permission for the TR Staff to complete those tasks necessary to determine the applicant's eligibility for the requested program. I understand I may be contacted to provide additional information necessary to verify my child's eligibility.

Fee Waiver: Applies to summer leisure, explorers, adventure programs only. If you would like to receive more information on the Fee Waiver process and form, please check box ☐

Confidentiality of Information & FOIA - In accordance with the Privacy Protection Act of 1976, the requested information will be used only to coordinate activities of this agency. I understand that some of the information contained in this form may be released to person who request such information in accordance with the requirements of the Virginia Freedom of Information Act. As this statement indicates, not all information CRS collects is subject to availability under the FOIA. Medical information, anything relating to mental or physical well-being, social security numbers, letters written to CRS regarding participants or personnel (i.e., recommendations, comments, etc.), are exempt from FOIA requests.

Liability Waiver
I, on behalf of my child/myself, recognize that there are risks inherent to participation in recreational activities and agree to hold harmless the County of Fairfax and the Department of Community and Recreation Services, its officers, employees, and volunteers from any and all claims from bodily injury and/or property damage which result from my participation in any and all activities sponsored by the said Department.

Approval: I have read and understand the above participation statements and by my signature agree to its terms. and procedures described.

Signature of applicant if over 18: _____ Date:_____

Signature of parent/guardian: _____ Date:_____